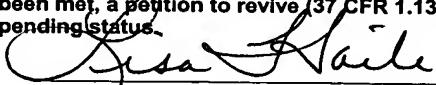
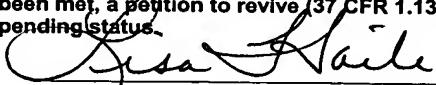
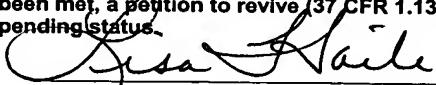


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|--|--|---|
| FORM PTO-1390 (Modified) U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE<br>(REV. 2-2005)  |  | ATTORNEY'S DOCKET NUMBER<br><b>KILBURN1160</b>                      |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>107536873</b> |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/GB2003/005158</b>  | INTERNATIONAL FILING DATE<br><b>27 November 2003</b> | PRIORITY DATE CLAIMED<br><b>29 November 2002</b>                    |
| TITLE OF INVENTION<br><b>STRUCTURE OF A COMPLEX OF RETINOBLASTOMA PROTEIN BOUND TO E2F, AND USES THEREOF</b>   |  |   |
| APPLICANT(S) FOR DO/EO/US<br><b>GAMBLIN, Steven</b>  |  |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (24) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input checked="" type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). (unsigned)</li> <li>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</li> <li>11. <input type="checkbox"/> A copy of the International Preliminary Examination Report (PCT/IPEA/409).</li> <li>12. <input checked="" type="checkbox"/> A copy of the International Search Report (PCT/ISA/210).</li> </ol> |  |   |
| Items 13 to 23 below concern document(s) or information included:  |  |   |
| <ol style="list-style-type: none"> <li>13. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>14. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>15. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>16. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>17. <input type="checkbox"/> A substitute specification.</li> <li>18. <input type="checkbox"/> A power of attorney and/or change of address letter.</li> <li>19. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>20. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</li> <li>21. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).</li> <li>22. <input checked="" type="checkbox"/> Express Mail Label No. <b>EV 627 503 294 US</b></li> <li>23. <input checked="" type="checkbox"/> Other items or information:</li> </ol>  |  |   |
| Certificate of Mailing by Express Mail; Return Postcard; Check No. 577893 in the amount of \$1,740.00  |  |   |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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| U.S. APPLICATION NO. (known as 37 CFR 1.5)  |              | INTERNATIONAL APPLICATION NO.<br>PCT/GB2003/005158                        |            | ATTORNEY'S DOCKET NUMBER<br>KILBURN1160 |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <p>The following fees are submitted:</p> <table> <tr> <td>24. <input checked="" type="checkbox"/> Basic national fee .....</td> <td>\$300</td> <td>\$</td> <td>\$300.00</td> <td colspan="2"></td> </tr> <tr> <td>25. <input checked="" type="checkbox"/> Examination fee<br/>If International preliminary examination report prepared by USPTO and all claims<br/>satisfy provisions of PCT Article 33(1)(4). ....</td> <td>\$100</td> <td>\$</td> <td>\$200.00</td> <td colspan="2"></td> </tr> <tr> <td>All other situations. ....</td> <td>\$200</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>26. <input checked="" type="checkbox"/> Search fee<br/>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to<br/>the USPTO as an International Searching Authority .....</td> <td>\$100</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>International Search Report prepared and provided to the Office .....</td> <td>\$400</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>All other situations. ....</td> <td>\$500</td> <td>\$</td> <td>\$500.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"><b>TOTAL OF 24, 25 and 26 =</b></td> <td>\$</td> <td><b>\$1,000.00</b></td> </tr> <tr> <td colspan="6"> <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding<br/>sequence listing or computer program listing filed in an electronic medium). The fee is<br/>\$250 for each additional 50 sheets of paper or fraction thereof.         </td> </tr> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or<br/>fraction thereof (round up to a whole)</td> <td>RATE</td> <td colspan="2"></td> </tr> <tr> <td>135 - 100 =</td> <td>35 /50 =</td> <td>1</td> <td>x \$250.00</td> <td>\$</td> <td><b>\$250.00</b></td> </tr> <tr> <td colspan="4">Surcharge of \$130.00 for furnishing the oath or declaration later than months from the<br/>earliest claimed priority date (37 CFR 1.492(e)).</td> <td>\$</td> <td><b>\$130.00</b></td> </tr> <tr> <td>CLAIMS</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> <td>RATE</td> <td colspan="2"></td> </tr> <tr> <td>Total claims</td> <td>46 - 20 =</td> <td>26</td> <td>x \$50.00</td> <td>\$</td> <td><b>\$1,300.00</b></td> </tr> <tr> <td>Independent claims</td> <td>7 - 3 =</td> <td>4</td> <td>x \$200.00</td> <td>\$</td> <td><b>\$800.00</b></td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/> + \$360.00</td> <td>\$</td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> <td><b>\$3,480.00</b></td> </tr> <tr> <td colspan="6"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are<br/>reduced by 1/2.         </td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>SUBTOTAL =</b> \$ <b>\$1,740.00</b></td> </tr> <tr> <td colspan="6">Processing fee of \$130.00 for furnishing the English translation later than 30 months from<br/>the earliest claimed priority date (37 CFR 1.492(f)). \$ <b>\$0.00</b></td> </tr> <tr> <td colspan="6" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b> \$ <b>\$1,740.00</b></td> </tr> <tr> <td colspan="6">Fee for recording the enclosed assignment (37 CFR 1.21(h)). 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A duplicate copy of this sheet is enclosed.<br/>         d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card<br/>information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.       </td> </tr> <tr> <td colspan="6">         NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b))<br/>must be filed and granted to restore the International Application to pending status.       </td> </tr> <tr> <td colspan="6">SEND ALL CORRESPONDENCE TO:</td> </tr> <tr> <td colspan="6">         Lisa A. Haile, J.D., Ph.D.<br/>         DLA PIPER RUDNICK GRAY CARY US LLP<br/>         4365 Executive Drive, Suite 1100<br/>         San Diego, California 92121-2133<br/>         US Customer No. 28213       </td> </tr> <tr> <td colspan="6" style="text-align: right;"> <br/>         SIGNATURE<br/>         Lisa A. Haile, J.D., Ph.D.<br/>         NAME<br/>         38,347<br/>         REGISTRATION NUMBER<br/>         May 27, 2005<br/>         DATE       </td> </tr> </table> |              |   |            |   |                   | 24. <input checked="" type="checkbox"/> Basic national fee ..... | \$300 | \$ | \$300.00 |  |  | 25. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims<br>satisfy provisions of PCT Article 33(1)(4). .... | \$100 | \$ | \$200.00 |  |  | All other situations. .... | \$200 |  |  |  |  | 26. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to<br>the USPTO as an International Searching Authority ..... | \$100 |  |  |  |  | International Search Report prepared and provided to the Office ..... | \$400 |  |  |  |  | All other situations. .... | \$500 | \$ | \$500.00 |  |  | <b>TOTAL OF 24, 25 and 26 =</b> |  |  |  | \$ | <b>\$1,000.00</b> | <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding<br>sequence listing or computer program listing filed in an electronic medium). 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| 24. <input checked="" type="checkbox"/> Basic national fee .....  | \$300        | \$  | \$300.00   |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
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| All other situations. ....  | \$200        |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 26. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to<br>the USPTO as an International Searching Authority .....  | \$100        |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| International Search Report prepared and provided to the Office .....   | \$400        |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| All other situations. ....  | \$500        | \$  | \$500.00   |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF 24, 25 and 26 =</b>   |              |   |            | \$                                      | <b>\$1,000.00</b> |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding<br>sequence listing or computer program listing filed in an electronic medium). The fee is<br>\$250 for each additional 50 sheets of paper or fraction thereof.   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total Sheets  | Extra Sheets | Number of each additional 50 or<br>fraction thereof (round up to a whole) | RATE       |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| 135 - 100 =   | 35 /50 =     | 1   | x \$250.00 | \$                                      | <b>\$250.00</b>   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than months from the<br>earliest claimed priority date (37 CFR 1.492(e)).  |              |   |            | \$                                      | <b>\$130.00</b>   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA  | RATE       |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Total claims  | 46 - 20 =    | 26  | x \$50.00  | \$                                      | <b>\$1,300.00</b> |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Independent claims  | 7 - 3 =      | 4   | x \$200.00 | \$                                      | <b>\$800.00</b>   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/> + \$360.00   |              |   |            | \$                                      | <b>\$0.00</b>     |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |   |            | \$                                      | <b>\$3,480.00</b> |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are<br>reduced by 1/2.  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL =</b> \$ <b>\$1,740.00</b>  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from<br>the earliest claimed priority date (37 CFR 1.492(f)). \$ <b>\$0.00</b>   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE =</b> \$ <b>\$1,740.00</b>  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property + \$ <b>\$0.00</b>   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b> \$ <b>\$1,740.00</b>   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Amount to be \$<br>Amount to be \$  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <b>\$1,740.00</b> to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees.<br>A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment<br>to Deposit Account No. <b>07-1896</b> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card<br/>information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b))<br>must be filed and granted to restore the International Application to pending status.   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| Lisa A. Haile, J.D., Ph.D.<br>DLA PIPER RUDNICK GRAY CARY US LLP<br>4365 Executive Drive, Suite 1100<br>San Diego, California 92121-2133<br>US Customer No. 28213   |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <br>SIGNATURE<br>Lisa A. Haile, J.D., Ph.D.<br>NAME<br>38,347<br>REGISTRATION NUMBER<br>May 27, 2005<br>DATE  |              |   |            |   |                   |  |       |    |          |  |  |   |       |    |          |  |  |                            |       |  |  |  |  |  |       |  |  |  |  |   |       |  |  |  |  |                            |       |    |          |  |  |                                 |  |  |  |    |                   |   |  |  |  |  |  |              |              |   |      |  |  |             |          |   |            |    |                 |  |  |  |  |    |                 |        |              |              |      |  |  |              |           |    |           |    |                   |                    |         |   |            |    |                 |   |  |  |  |    |               |                                      |  |  |  |    |                   |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |                                    |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

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